

MAY 16 2006

FACSIMILE TRANSMITTAL FORM	Application Number	10/643771
	Filing Date	August 19, 2003
	First Named Inventor	Kvitrud, James R.
	Art Unit	3732
	Examiner Name	Unknown
Fax: 571-273-8300	Attorney Docket Number	58449US002
Total Number of Pages in This Submission: 4		
Date: <i>May 16, 2006</i> - Attorney for Applicant: Sean J. Edman		

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosures:
<input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US)	<input type="checkbox"/> Request for Refund	
	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal	
<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Communication to Technology Center	
REMARKS:		

THE INFORMATION CONTAINED IN THIS FACSIMILE TRANSMISSION
 MAY CONTAIN CONFIDENTIAL OR LEGALLY PRIVILEGED INFORMATION
 INTENDED ONLY FOR THE PERSON OR ENTITY NAMED BELOW.

If you are not the intended recipient, please do not read, use, disclose, distribute or copy this transmission.
 If this transmission was received in error, please immediately notify me by telephonedirectly at 651-575-1796 or
 651-733-1500, and we will arrange for its return at no cost to you.

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

32692

Customer Number

MAY 16 2006

Patent
Case No.: 58449US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

DUPLICATE

First Named Inventor: KVITRUD, JAMES R.
Application No.: 10/643771 Group Art Unit: 3732
Filed: August 19, 2003 Examiner: Unknown
Title: DENTAL CROWN FORMS AND METHODS

DUPLICATE

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.	
May 16, 2006	<i>Judy Knutson</i>
Date	Signed by: Judy Knutson

Dear Sir:

Pursuant to 37 CFR §§ 1.56, 1.97, and 1.98, enclosed is a completed Form PTO-1449, citing references submitted for consideration by the Examiner. It is respectfully requested that the Examiner initial and return the enclosed Form PTO-1449 to indicate that each reference has been considered.

Copies of any cited foreign patents, foreign publications, non-patent literature documents, and any pending U.S. applications filed before June 30, 2003, are enclosed. Copies of any pending U.S. applications filed after June 30, 2003 that can be accessed on the USPTO's IFW system are not enclosed as per USPTO Waiver dated September 21, 2004. Copies of any U.S. patents and published U.S. patent applications are not enclosed.

If a first Office Action on the merits has been mailed prior to the mailing date of this document, please charge the fee for consideration of an Information Disclosure Statement set forth in 37 CFR § 1.17(p), and if necessary, please charge any additional fees, or credit any overpayment to Deposit Account No. 13-3723.

It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

Respectfully submitted,

May 11, 2006
Date

By: *Sean J. Edman*
Sean J. Edman, Reg. No.: 42,506
Telephone No.: 651-575-1796

Office of Intellectual Property Counsel
3M Innovative Properties Company
Facsimile No.: 651-736-3833

BEST AVAILABLE COPY

RECEIVED
CENTRAL FAX CENTER

MAY 16 2006

32692

Customer Number

Patent
Case No.: 58449US002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: KVITRUD, JAMES R.
Application No.: 10/643771 Group Art Unit: 3732
Filed: August 19, 2003 Examiner: Unknown
Title: DENTAL CROWN FORMS AND METHODS

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]	
I hereby certify that this correspondence is being:	
<input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at 571-273-8300.	
May 16, 2006	<i>Judy Knutson</i>
Date	Signed by: Judy Knutson

Dear Sir:

Pursuant to 37 CFR §§ 1.56, 1.97, and 1.98, enclosed is a completed Form PTO-1449, citing references submitted for consideration by the Examiner. It is respectfully requested that the Examiner initial and return the enclosed Form PTO-1449 to indicate that each reference has been considered.

Copies of any cited foreign patents, foreign publications, non-patent literature documents, and any pending U.S. applications filed before June 30, 2003, are enclosed. Copies of any pending U.S. applications filed after June 30, 2003 that can be accessed on the USPTO's IFW system are not enclosed as per USPTO Waiver dated September 21, 2004. Copies of any U.S. patents and published U.S. patent applications are not enclosed.

If a first Office Action on the merits has been mailed prior to the mailing date of this document, please charge the fee for consideration of an Information Disclosure Statement set forth in 37 CFR § 1.17(p), and if necessary, please charge any additional fees, or credit any overpayment to Deposit Account No. 13-3723.

It is believed that no fee is due; however, in the event a fee is required, please charge the fee to Deposit Account No. 13-3723.

Respectfully submitted,

May 11, 2006
Date

By: *Sean J. Edman*
Sean J. Edman, Reg. No.: 42,506
Telephone No.: 651-575-1796

Office of Intellectual Property Counsel
3M Innovative Properties Company
Facsimile No.: 651-736-3833

BEST AVAILABLE COPY

MAY 16 2006

Substitute for form 1449A/PTO (modified) INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary) Page 1 of 1	Application Number	10/643771
	Filing Date	August 19, 2003
	First Named Inventor	Kvltrud, James R.
	Confirmation Number	
	Attorney Case Number	58449US002

U.S. Patent Documents					
Exam. Init.*	Cite No.	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
		Doc. Number-(Kind Code if Known)			
	A1	US- 3,565,387	2.23.1971	Neustadter, et al.	
	A2	US- 4,431,420	2.14.1984	Adair	
	A3	US- 5,102,332	4.7.1992	Uthoff	
	A4	US- 3,949,476	4.13.1976	Kahn	
	A5	US- 4,449,936	5.22.1984	Bayer	
	A6	US- 1,896,123	2.7.1933	Schweitzer	
	A7	US- 5,332,390	7.26.1994	Rosellini	
	A8	US- 3,585,723	6.22.1971	Simor	
	A9	US-			
	A10	US-			
	A11	US-			
	A12	US-			

Foreign Patent Documents							
Exam. Init.*	Cite No.	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Translation (Check if yes)
		Ctry. Code	Number-Kind Code (if known)				
	B1						
	B2						
	B3						
	B4						
	B5						
	B6						
	B7						

OTHER DOCUMENTS			
Exam. Init.*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	Translation (Check if yes)
	C1		
	C2		
	C3		

*Examiner:	Date Considered:
EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.	

Information Disclosure Statement)

BEST AVAILABLE COPY